

CHALENG 2010 Survey Results Summary

VISN: 2

Site: VA Western New York HCS - (VAMC Batavia - 528A4 and VAMC Buffalo - 528)

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 50

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 5

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	24
Permanent Housing Beds	195

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 33.
Number of provider (VA and non-VA) participants: 93.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.67	2.82	3.74
Food	3.80	3.22	3.86
Clothing	3.76	3.18	3.62
Emergency (immediate) shelter	3.93	2.72	3.55
Transitional living facility or halfway house	3.48	2.85	3.45
Long-term, permanent housing	3.18	2.84	2.90
Detoxification from substances	3.37	3.32	3.69
Treatment for substance abuse	3.63	3.41	3.84
Services for emotional or psychiatric problems	3.67	3.35	3.71
Treatment for dual diagnosis	3.13	3.26	3.51
Family counseling	2.80	3.21	3.11
Medical services	3.76	3.68	4.04
Women's health care	2.14	3.37	3.17
Help with medication	3.96	3.25	3.87
Drop-in center or day program	3.43	3.00	3.15
AIDS/HIV testing/counseling	3.43	3.24	3.63
TB testing and Treatment	3.58	3.28	3.90
Legal assistance to help restore a driver's license	3.00	2.72	2.87
Hepatitis C testing	3.57	3.20	3.70
Dental care	3.03	2.89	2.91
Eye care	3.53	3.04	3.38
Glasses	3.89	3.08	3.35
VA disability/pension	3.59	3.32	3.14
Welfare payments	2.61	3.09	2.80
SSI/SSD process	3.12	3.14	2.95
Guardianship (financial)	2.70	2.84	2.84
Help managing money	3.00	2.65	3.13
Job training	2.61	3.08	2.96
Help with finding a job or getting employment	2.81	3.07	3.02
Help getting needed documents or identification	3.66	2.96	3.50
Help with transportation	3.80	2.96	3.31
Education	3.26	3.03	3.19
Child care	2.95	2.64	2.64
Family reconciliation assistance	2.83	2.66	2.73
Discharge upgrade	2.72	3.04	2.96
Spiritual	3.62	3.06	3.55
Re-entry services for incarcerated veterans	2.96	2.83	2.94
Elder health care	3.29	3.20	3.11
Credit counseling	3.04	2.71	2.85
Legal assistance for child support issues	2.55	2.70	2.70
Legal assistance for outstanding warrants/fines	3.38	2.64	2.75
Help developing social network	3.29	2.87	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.19	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.25	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.56	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.94	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.09	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.34	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.91	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.76	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.91	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.09	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.15	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.72	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.73	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.06	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Emergency (immediate) shelter	A local agency received an award for a contract residence and we anticipate its opening in November 2010. This These beds will be in Genesse County and will be the only emergency shelter in that County with Veteran-specific beds . Also, a new shelter opened and has been utilized by Veterans. This shelter can accommodate men, women and families. This is the second emergency shelter to open its doors in Niagara County. An additional emergency shelter in Niagara County is expecting to open its doors by 2011.
Long-term, permanent housing	In FY 2009, we received 70 HUD -VASH Housing Choice vouchers. In FY 2010, we received 25 additional vouchers. The In addition to HUD- VASH, our Program is working closely with community partners and local landlords to locate affordable, Veteran-friendly housing options. Our Program has been working closely with Western New York Veteran's Housing Coalition (WNYVHC) to link Veterans to HUD Shelter Plus Care housing options, through a Erie County Single Point of Entry (SPOE) referral. The HCHV Program continues to advocate for Veteran-specific housing options. Several private developers have expressed an interest in addressing this need.
Job training	We have made significant gains in the area of Veteran job training. The local Department of Labor Homeless Veterans Reintegration Program (DOL-HVRP) has weekly office hours at our drop-in center. In addition, a representative from HVRP meets with Veterans at our VA Grant and Per Diem program weekly. HVRP also sponsored our Stand Down.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.

2. FY 2010 Best Practice Example

None	None
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Emergency (immediate) shelter</p>	<p>The lack of emergency shelter in our area continues to be an issue. We are working with community partners to address this need and is in the process of acquiring contract residence beds in the community. Additionally, we are strengthening relationships with existing emergency shelters. Within the past year a new shelter was opened and has been utilized by the Veterans we serve. An additional emergency shelter is expecting to open its doors by 2011. We will continue to attend HUD Continuum of Care meetings to emphasize this ongoing need.</p>
<p>Long-term, permanent housing</p>	<p>The need for increased permanent housing options continues to be a need in our service area. We are working diligently on this issue. In FY 2009, we received 70 additional HUD-VASH (HUD-VA Supported Housing) Housing vouchers. An additional 25 vouchers (for FY 2010) were just recently awarded to this Program and will be issued shortly. We will receive another 25 vouchers in FY 2011. In addition to HUD-VASH (HUD-VA Supported Housing), our program is working closely with community partners and local landlords to locate affordable, Veteran-friendly housing options.</p>
<p>Food</p>	<p>In our service area, we have an abundance of dietary resources. These include at least 50 local food pantries; 20 soup kitchens; expedited food stamps through local Department of Social Services and not-for-profit service agencies that are able to provide food voucher referrals. The issue is that the public is often unaware of these resources. Plan: better promote existing resources, improve screening process at intake to identify need for food referral. Continue to work with partners to identify additional resources and communicate these resources to general public.</p>

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 2

Site: VAMC Albany, NY - 500

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 42
2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 12

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	128
Permanent Housing Beds	155

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 96.
Number of provider (VA and non-VA) participants: 104.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.31	3.10	3.74
Food	4.42	3.51	3.86
Clothing	4.22	3.11	3.62
Emergency (immediate) shelter	4.33	2.75	3.55
Transitional living facility or halfway house	4.41	2.66	3.45
Long-term, permanent housing	3.75	2.35	2.90
Detoxification from substances	4.34	2.99	3.69
Treatment for substance abuse	4.43	3.20	3.84
Services for emotional or psychiatric problems	4.22	3.14	3.71
Treatment for dual diagnosis	3.97	2.86	3.51
Family counseling	3.38	2.64	3.11
Medical services	4.57	3.64	4.04
Women's health care	3.11	3.03	3.17
Help with medication	4.36	3.13	3.87
Drop-in center or day program	3.49	2.58	3.15
AIDS/HIV testing/counseling	4.27	3.23	3.63
TB testing and Treatment	4.51	3.34	3.90
Legal assistance to help restore a driver's license	3.65	2.36	2.87
Hepatitis C testing	4.33	3.30	3.70
Dental care	4.00	2.59	2.91
Eye care	4.07	2.88	3.38
Glasses	4.14	2.93	3.35
VA disability/pension	3.71	3.20	3.14
Welfare payments	3.63	3.11	2.80
SSI/SSD process	3.52	3.03	2.95
Guardianship (financial)	3.45	2.53	2.84
Help managing money	3.96	2.43	3.13
Job training	3.67	2.89	2.96
Help with finding a job or getting employment	4.05	2.96	3.02
Help getting needed documents or identification	4.03	2.96	3.50
Help with transportation	4.21	2.77	3.31
Education	3.74	2.90	3.19
Child care	2.84	2.34	2.64
Family reconciliation assistance	3.09	2.36	2.73
Discharge upgrade	3.31	2.82	2.96
Spiritual	3.99	3.20	3.55
Re-entry services for incarcerated veterans	3.48	2.86	2.94
Elder health care	3.50	2.84	3.11
Credit counseling	3.44	2.55	2.85
Legal assistance for child support issues	3.43	2.42	2.70
Legal assistance for outstanding warrants/fines	3.24	2.33	2.75
Help developing social network	3.99	2.73	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.06	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.17	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.31	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.69	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.79	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.06	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.56	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.49	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.63	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.91	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.85	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.53	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.54	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.69	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Emergency (immediate) shelter	Hired Emergency Housing Coordinator, actively pursuing funding for emergency housing, encouraging agencies to apply for funding, continue coordination with local shelter providers, beginning pilot program with DSS to improve access for Veterans.
Long-term, permanent housing	Case managing 155 HUD VASH vouchers, identifying/educating local landlords, requesting additional vouchers and case managers to meet site-specific needs
Help with finding a job or getting employment	Continue to explore local used/utilized programs that will assist Veterans with vocational goals, expecting to hire two vocational rehabilitation or peer support specialists to assist homeless Veterans with employment goals

***The Action Plan consisted of proposed strategies the local VA program and its community partners would use to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

Welfare Payments	We have developed a pilot program with local county departments of social services programs to provide Veteran/Veteran families expedited services to assist with housing, food stamps benefits, and birth certificates.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Long-term, permanent housing</p>	<p>Continue to effectively case manage 155 HUD-VASH long-term permanent housing beds. Continue partnership with the Albany Housing Authority, Albany Housing Coalition, and surrounding public housing authorities. Continue to explore additional housing options for Veterans, especially the aging population: including Section 8 and subsidized, affordable housing. Continue partnerships with potential developers for housing, outreach and education to local landlords and agencies who provide long-term housing. Requesting 200-250 additional HUD-VASH vouchers and additional case management support to accommodate transition from shelters, VA Grant and Per Diem and transitional residencies.</p>
<p>Emergency (immediate) shelter</p>	<p>Continue to advocate for Veterans at the local HUD Continuum of Dare meetings and shelter provider meetings, regarding emergency housing and Veteran-specific beds. Educate Veterans on how to navigate the emergency housing system in Albany and surrounding counties and follow Veterans individually in the community to provide appropriate referrals to VA clinics and community agency providers. Hired emergency housing coordinator, actively pursuing funding for emergency housing and encouraging agencies to apply for funding. Continue coordination with local shelter providers and beginning a pilot program to improve access for Veterans.</p>
<p>Help with finding a job or getting employment</p>	<p>Continue to strengthen relationships with the VA Compensated Work Therapy, Supported Employment, and Department of Labor's Homeless Veterans Reintegration Program in Albany and the North Country. Explore and develop relationships with community employers that are Veteran-friendly. Continue to develop relationships with job training agencies for Veterans, including State of New York's Vocational Educational Services for individuals with disabilities, VA's Vocational Rehabilitation and Employment Services and Northeast Career Planning. Expecting to hire two vocational rehabilitation peer support specialists to assist homeless Veterans with employment goals.</p>

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 2

Site: VAMC Canandaigua, NY - 528A5, Bath, NY, Rochester, NY

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 28

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 5

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	43
Permanent Housing Beds	78

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 24.
Number of provider (VA and non-VA) participants: 35.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.23	3.23	3.74
Food	4.26	3.54	3.86
Clothing	3.74	3.35	3.62
Emergency (immediate) shelter	4.22	3.12	3.55
Transitional living facility or halfway house	4.43	3.19	3.45
Long-term, permanent housing	3.57	2.69	2.90
Detoxification from substances	4.43	2.96	3.69
Treatment for substance abuse	4.61	3.58	3.84
Services for emotional or psychiatric problems	4.43	3.38	3.71
Treatment for dual diagnosis	4.40	3.20	3.51
Family counseling	3.76	3.00	3.11
Medical services	4.70	3.81	4.04
Women's health care	3.08	3.12	3.17
Help with medication	4.37	3.31	3.87
Drop-in center or day program	3.85	3.23	3.15
AIDS/HIV testing/counseling	4.47	3.54	3.63
TB testing and Treatment	4.59	3.77	3.90
Legal assistance to help restore a driver's license	4.00	2.58	2.87
Hepatitis C testing	4.38	3.64	3.70
Dental care	4.04	3.12	2.91
Eye care	4.41	3.48	3.38
Glasses	4.50	3.48	3.35
VA disability/pension	4.29	3.56	3.14
Welfare payments	3.80	3.32	2.80
SSI/SSD process	4.11	3.12	2.95
Guardianship (financial)	3.79	3.00	2.84
Help managing money	3.89	2.96	3.13
Job training	3.95	3.48	2.96
Help with finding a job or getting employment	4.30	3.60	3.02
Help getting needed documents or identification	4.70	3.25	3.50
Help with transportation	4.19	3.20	3.31
Education	4.48	3.08	3.19
Child care	3.79	2.20	2.64
Family reconciliation assistance	3.55	2.40	2.73
Discharge upgrade	4.25	3.08	2.96
Spiritual	4.05	3.20	3.55
Re-entry services for incarcerated veterans	4.42	3.08	2.94
Elder health care	4.55	3.42	3.11
Credit counseling	3.90	2.80	2.85
Legal assistance for child support issues	3.90	2.54	2.70
Legal assistance for outstanding warrants/fines	3.58	2.50	2.75
Help developing social network	4.14	2.58	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.11	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.00	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.46	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.85	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.15	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.15	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.00	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.92	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.08	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.17	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.33	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.17	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.25	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.33	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Child care	We have identified local community agencies who provide child care services for medical appointments. We have discussed the Supportive Services for Veteran Families (SSVF) Program with our community providers. This program allows participating agencies to provide financial assistance for services like child care for homeless Veteran families. We will encourage submission of grants when this becomes available and partner with our providers to determine the best way to meet this need.
Legal assistance for child support issues	We are able to educate Veterans on the process for requesting a modification of child support. We are able to refer to a low-income legal assistance organization which assists Veterans in child support claims.
Legal assistance for outstanding warrants/fines	We deal with these on a case-by-case basis by helping the Veteran make contact with law enforcement, probation, etc., and referring to legal aid as needed. Our Veterans Court does address these issues with participating Veterans, too.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.

2. FY 2010 Best Practice Example

None	None
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	This fiscal year we will work to increase our supply of permanent affordable housing for Veterans through community partnerships and expansion of our HUD programs. We will request additional HUD-VASH vouchers and partner with local HUD Shelter Plus Care grantees to expand our number of Shelter Plus Care beds.
Emergency (immediate) shelter	In FY 2011 we expect to get contracts in place for emergency housing through our Contract Residential Program. We will continue to partner with our county social services departments for immediate shelter for eligible Veterans. We will enhance our community partnerships to enable all Veterans to access emergency shelter. Through our VA Voluntary Services department we will expand our hotel voucher program, enabling us to provide shelter to those for whom a traditional shelter placement is inappropriate.
Help with finding a job or getting employment	We will expand our partnerships with our local Department of Labor office and VA Vocational Services. We anticipate receiving one supported employment position and will ensure that all interested Veterans receive a vocational assessment.

***The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 2

Site: VAMC Syracuse, NY - 670

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 50

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 3

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	16
Permanent Housing Beds	105

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 14.
Number of provider (VA and non-VA) participants: 38.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.43	2.58	3.74
Food	3.71	3.08	3.86
Clothing	3.21	3.08	3.62
Emergency (immediate) shelter	3.71	2.67	3.55
Transitional living facility or halfway house	3.86	2.25	3.45
Long-term, permanent housing	2.36	2.17	2.90
Detoxification from substances	3.93	2.39	3.69
Treatment for substance abuse	4.07	2.83	3.84
Services for emotional or psychiatric problems	4.14	3.22	3.71
Treatment for dual diagnosis	3.86	2.72	3.51
Family counseling	3.23	2.75	3.11
Medical services	4.29	3.53	4.04
Women's health care	2.20	3.00	3.17
Help with medication	4.36	3.11	3.87
Drop-in center or day program	3.43	2.33	3.15
AIDS/HIV testing/counseling	3.62	2.88	3.63
TB testing and Treatment	4.21	2.82	3.90
Legal assistance to help restore a driver's license	2.92	2.24	2.87
Hepatitis C testing	4.00	2.88	3.70
Dental care	3.00	2.21	2.91
Eye care	3.71	2.94	3.38
Glasses	3.93	2.91	3.35
VA disability/pension	2.86	3.32	3.14
Welfare payments	2.08	2.97	2.80
SSI/SSD process	2.67	2.89	2.95
Guardianship (financial)	2.82	2.33	2.84
Help managing money	3.29	2.24	3.13
Job training	3.38	2.68	2.96
Help with finding a job or getting employment	3.43	2.86	3.02
Help getting needed documents or identification	4.07	2.92	3.50
Help with transportation	3.79	2.47	3.31
Education	3.62	2.74	3.19
Child care	2.40	2.00	2.64
Family reconciliation assistance	2.54	2.21	2.73
Discharge upgrade	2.17	2.69	2.96
Spiritual	3.64	2.71	3.55
Re-entry services for incarcerated veterans	2.67	2.42	2.94
Elder health care	2.58	2.50	3.11
Credit counseling	2.58	2.03	2.85
Legal assistance for child support issues	2.09	2.00	2.70
Legal assistance for outstanding warrants/fines	2.25	1.88	2.75
Help developing social network	2.69	2.38	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.28	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.00	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.23	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.54	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.84	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.08	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.35	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.33	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.58	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.65	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.68	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.23	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.38	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.65	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Transitional living facility or halfway house	Altamont VA Grant and Per Diem program (Syracuse) expansion and relocation project approved which will result in 12 additional beds at a new site location proposed for November 2010.
Long-term, permanent housing	HUD-VASH Program implemented in Syracuse and Rome with 105 combined vouchers approved. Housing Visions opened Rome Canal Housing project in June 2010 with five beds for homeless Veterans. The Watertown New York Veterans Center/HUD/VA Homeless Prevention Pilot Program was approved and recruitment of staff is now in process. This program will expand VA homeless prevention outreach and case management services.
Re-entry services for incarcerated Veterans	Our staff is represented on VISN 2 Health Care for Homeless Veterans re-entry advisory group and local county re-entry Task Force. Veteran Justice Outreach (VJO) Program approved for Syracuse and staff recruitment planned.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.

2. FY 2010 Best Practice Example

None	None
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Emergency (immediate) shelter	Expansion of Outreach services and coordination with Cayuga County Continuum of Care providers planned.
Transitional living facility or halfway house	(1) Eagles Landing Project being proposed by private developer in Auburn to create transitional and/or permanent housing for Veterans. Provider planning to attend VA GPD Technical Assistance Workshop. (2) Rescue Mission opening a new 32-bed permanent housing program in Binghamton, expanding housing options for Veterans. (3) The Veterans Sanctuary Program, Ithaca, is exploring transitional housing for Operation Enduring Freedom/Operation Iraqi Freedom Veterans and will participate in further VA Grant and Per Diem technical assistance training. (4) Initial Stand Down sponsored by the Mental Health Association in collaboration with other area agencies planned for November 2010 in Binghamton..
Long-term, permanent housing	We will expand services to the rural communities in the Northern Region via the HUD/VA Homeless Prevention Pilot Program and HUD-VASH in Watertown.

***The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 2

Site: VAMC Bath, NY

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 6

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 4

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	6
Transitional Housing Beds	0
Permanent Housing Beds	25

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 49.
Number of provider (VA and non-VA) participants: 25.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.39	2.74	3.74
Food	4.45	3.35	3.86
Clothing	3.79	3.59	3.62
Emergency (immediate) shelter	4.02	2.39	3.55
Transitional living facility or halfway house	3.14	2.35	3.45
Long-term, permanent housing	2.40	2.48	2.90
Detoxification from substances	4.44	3.91	3.69
Treatment for substance abuse	4.60	3.91	3.84
Services for emotional or psychiatric problems	3.96	3.92	3.71
Treatment for dual diagnosis	3.93	3.65	3.51
Family counseling	3.07	3.00	3.11
Medical services	4.49	4.13	4.04
Women's health care	2.55	3.65	3.17
Help with medication	4.38	3.61	3.87
Drop-in center or day program	3.42	3.00	3.15
AIDS/HIV testing/counseling	4.39	3.74	3.63
TB testing and Treatment	4.48	3.52	3.90
Legal assistance to help restore a driver's license	3.00	2.43	2.87
Hepatitis C testing	4.43	3.61	3.70
Dental care	4.41	2.71	2.91
Eye care	4.52	3.04	3.38
Glasses	4.50	3.09	3.35
VA disability/pension	3.02	3.78	3.14
Welfare payments	2.15	3.35	2.80
SSI/SSD process	2.82	3.50	2.95
Guardianship (financial)	2.74	2.96	2.84
Help managing money	3.30	2.91	3.13
Job training	3.05	2.61	2.96
Help with finding a job or getting employment	2.79	2.63	3.02
Help getting needed documents or identification	3.77	2.74	3.50
Help with transportation	3.53	2.54	3.31
Education	3.45	3.13	3.19
Child care	2.46	2.39	2.64
Family reconciliation assistance	2.65	2.61	2.73
Discharge upgrade	3.38	3.00	2.96
Spiritual	4.04	3.39	3.55
Re-entry services for incarcerated veterans	2.91	2.23	2.94
Elder health care	3.45	3.35	3.11
Credit counseling	2.73	2.91	2.85
Legal assistance for child support issues	3.32	2.43	2.70
Legal assistance for outstanding warrants/fines	3.00	2.43	2.75
Help developing social network	3.71	2.65	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.12	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.24	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.00	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.65	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.71	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.82	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.47	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.53	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.71	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.76	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.88	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.71	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.06	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.88	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Long-term, permanent housing	Advocated for and received 25 HUD-VASH vouchers and a case manager staff.
Dental care	We increased accessibility to Homeless Veteran Dental Program (HVDP) for eligible Veterans
Job training	VA Compensated Work Therapy (CWT) Program has been expanded; we've been awarded a HVSEP (Homeless Veteran Supported Employment Program). position which will be a joint collaboration between our homeless program and CWT.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

None	None
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	Fill current 25 HUD-VASH vouchers; HUD-VASH case Manager will hopefully be on-station by mid October-early November 2010. For FY 2011 we requested an additional 25 vouchers and a case manager position as part of our local five-year plan to end homelessness..
Emergency (immediate) shelter	Contract Residential solicitation is currently with the contracting officer at VA Central Office , hopefully Veterans can be housed at this site as of November 2010. For FY 2011 we requested an additional \$ 66,000 which is equivalent to six beds. For the second solicitation in FY 2011 we need Contract Residential housing that is open to sub groups including: female Veterans, Veterans without a substance abuse or mental health diagnosis, Veterans with minimal clean-time and Veterans who need only short-term emergency stays.
Transitional living facility or halfway house	We'll continue to explore if any community providers are interested in developing transitional housing and/or pursuing VA Grant and Per-Diem funding.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.